## **2001 UNIFORM BUSINESS REPORT (UBR)**

## **FILED** Mar 19, 2001 8:00 am § Secretary of State **DOCUMENT # 756804** 1. Entity Name GARDENS CONDOMINIUM WAREHOUSE ASSOCIATION, INC. 03-19-2001 90469 014 \*\*\*\*61.25 Principal Place of Business Mailing Address 10258 RIVERSIDE DRIVE 10258 RIVERSIDE DRIVE **60033087** STE. 3 PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2247883 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6.-Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MOORE, TIMOTHY J 10258 RIVERSIDE DRIVE SUITE #1 Zip Code PALM BEACH GARDENS FL 33410 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 STDS Addition TITLE Delete TITLE Change KANITSCH, MARGARET R. NAME NAME STREET ADDRESS 10258 RIVERSIDE DR. #3 STREET ADDRESS CITY-ST-ZIP PALM BCH GARDENS FL CITY-ST-ZIP PD ☐ Delete ☐ Change Addition TITLE TITLE MOORE, TIMOTHY J NAME NAME STREET ADDRESS 10258 RIVERSIDE DR. SUITE 2 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM-BEACH\_GARDENS\_FL 33410 TITLE ☐ Change ■ Addition ☐ Delete BITTLE, FRANK NAME NAME STREET ADDRESS 10258 RIVERSIDE DR. STE 5 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL ☐ Delete TITLE Change · Addition TITLE KEATING, MARY J NAME STREET ADDRESS 10258 RIVERSIDE DR SUITE 2 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL 33410 ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my\_name appears in Block 10 or Block 11 if changed, or on an attach

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

RE-REQUIRED

561-775-5782